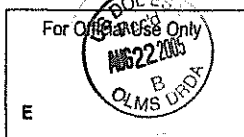


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10970</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Toni</u> <u>M</u> <u>Wood</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1039 Iowa Ave</u> City <u>Butte</u> State <u>Montana</u> ZIP Code + 4 <u>59701</u>	4. Name, file number, and address of labor organization. Name <u>United Food & Commerical Workers Local #4</u> Labor Organization File Number <u>03089</u> P.O. Box, Building and Room Number, if any <u>PO Box 567</u> Street <u>58 W. Quartz</u> City <u>Butte</u> State <u>Montana</u> ZIP Code + 4 <u>59703</u>
5. Position in labor organization. <u>Bookkeeper and Recording Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Toni Wood</u>	On <u>08/15/2005</u> Date	<u>(406) 782-3266</u> Telephone Number

Name of Person Filing Toni Wood	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name United Food and Commerical Workers Local #4</p> <p>Trade Name, if any: UFCW Local #4</p> <p>P.O. Box, Bldg., Room No., if any PO Box 567</p> <p>Street 58 W Quartz</p> <p>City Butte</p> <p>State Montana ZIP Code + 4 59703</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Montana Retail Store Employees Health and We</p> <p>Trade Name, if any: Zenith Administrators</p> <p>P.O. Box, Bldg., Room No., if any Suite 220</p> <p>Street White Flag Building, 104 S. Freya</p> <p>City Spokane</p> <p>State Washington ZIP Code + 4 99202</p>	<p>11.a. Nature of such dealing.</p> <p>Reimbursed expenses related to attendance of two Trust Meetings in 2004, as well as an educational seminar that I attended held by the International Foundation for new trustees.</p> <p>11.b. Approximate dollar value of such dealing. \$3,386</p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner from Zenith Administrators 07-13-04, with an approximate value of \$45.00</p> <p>12.b. Amount. \$45</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>